



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

11/24/2003

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NYD982744815
INSTALLATION NAME	→	WASTE MANAGEMENT OF NEW YORK LLC
INSTALLATION ADDRESS	→	123 VARICK AVE BROOKLYN, NY 11237
MAILING ADDRESS	→	123 VARICK AVE BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056

TO: WASTE MANAGEMENT OF NEW YORK LLC
or Current Occupant
ATTN: JAY KAPLAN
123 VARICK AVE
BROOKLYN, NY, 11237

Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

2009 NOV 12 PM 1:39

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. Initial Notification



B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NY 11237-11237

II. Name of Installation (Include company and specific site name)

WASTE MANAGEMENT OF NEW YORK LLC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

123 VARICK AVENUE

Street (Continued)

City or Town

BROOKLYN

State

Zip Code

NY

11237-

County Code

County Name

KINGS

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

123 VARICK AVENUE

City or Town

BROOKLYN

State

Zip Code

NY

11237-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

KAPLAN

(First)

JAY

Job Title

ENV. COMPLIANCE MGR

Phone Number (Area Code and Number)

718-533-5310

Extension

-

VI. Installation Contact Address (See instructions)

Fax Number

533-5170

A. Contact Address
Location Mailing

☒

☒

B. Street or P.O. Box

123 VARICK AVENUE

City or Town

BROOKLYN

State

Zip Code

NY

11237-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

WASTE MANAGEMENT OF NEW YORK LLC

Street, P.O. Box, or Route Number

123 VARICK AVENUE

City or Town

BROOKLYN

State

Zip Code

NY

11237-

Phone Number (Area Code and Number)

718-533-5310

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes ☐

No ☒

Month

Date Changed
Day

Year

PLEASE REPLY TO: Jack Hoyt, USEPA-DEPP-RPB, 290 Broadway, 22nd Flr.,
New York, NY 10007-1866 Phone: (212) 637-4106

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

B. Used Oil Recycling Activities

1. Generator (See instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
 2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
☐ 4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
 Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
 3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☒ 3. Highway
☐ 4. Water
☐ 5. Other - specify

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☐ D005

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

Jay Kaplan

Jay Kaplan, Environmental Compliance Mgr

11/10/03

XI. Comments

① Name change only (Section II)

② One time cleanout of a paint storage room and former QA/QC Lab.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ENVIRONMENTAL PROTECTION
AGENCY, REGION II

2002 MAY 21 AM 11:07

RCRA PROGRAMS
BRANCH

WASTE MANAGEMENT

123 Varick Ave.
Brooklyn, NY 11237
(718) 533-5310
(718) 533-5170 Fax

May 16, 2002

Jack Hoyt
USEPA-DEPP-RPB
290 Broadway, 22nd Floor
New York, NY 10007-1866

Re: Request to deactivate USEPA Transporter ID Number NYD982744815

Dear Mr. Hoyt:

As per our telephone conversation earlier today the purpose of this letter is to formally request that the above referenced transporter ID number be deactivated. The former name of this facility is Star Recycling located at 123 Varick Avenue, Brooklyn, New York 11237.

The facility is currently owned and operated by Waste Management of New York, LLC. However activities requiring a transporter ID no longer take place at this facility.

Thank you in advance for your assistance with this matter. Please contact me at (718) 533-5310 if you require any additional information.

Very truly yours,

Waste Management of New York, LLC

Jay Kaplan
Environmental Compliance Manager

cc: R. Grady





**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

11/17/2003

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NYD982744815

INSTALLATION NAME

WASTE MANAGEMENT OF NEW YORK LLC

INSTALLATION ADDRESS

**123 VARICK AVE
BROOKLYN, NY 11237**

MAILING ADDRESS

**123 VARICK AVE
BROOKLYN, NY 11237**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: WASTE MANAGEMENT OF NEW YORK LLC
or Current Occupant
ATTN: JAY KAPLAN
123 VARICK AVE
BROOKLYN, NY, 11237**



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/30/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD982744815

FACILITY NAME -> STAR RECYCLING - WASTE MGMT

MAILING ADDRESS -> 123 VARICK AVE
BROOKLYN, NY 11237

INSTALLATION ADDRESS -> 123 VARICK AVE
BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: VALENTI, ANTHONY
EQUIP MGR
STAR RECYCLING - WASTE MGMT
123 VARICK AVE
BROOKLYN, NY 11237



U.S. EPA
AGENCY RO II
98 MAR 18 PM 12:52
HAZARDOUS WASTE
PROGRAMS BRANCH

Jack Hoyt
USEPA Region II
Air & Waste Management
290 Broadway-22nd Floor
New York, New York 10007-1866

Dear Mr. Hoyt:

Enclosed please find applications for EPA ID Numbers. Would you please rush these applications as these accounts need to have waste picked up immediately. Please call me at (718)429-0657, when you do receive the EPA ID numbers. That would be greatly appreciated.
Thank you.


Sincerely,

Kim Sartory

Kim Sartory
Lead Secretary

Safety-Kleen Corp.
58-05 52nd Ave
Woodside, NY 11377

enclosure

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).		Notification of Regulated Waste Activity  EPA United States Environmental Protection Agency		Date Received (For Official Use Only)	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)					
<input checked="" type="checkbox"/> A. Initial Notification		<input type="checkbox"/> B. Subsequent Notification (Complete Item C)		C. Installation's EPA ID Number	
				NYD982744815	
II. Name of Installation (Include company and specific site name)					
STAIR RECYCLING - WASTE MNG.					
III. Location of Installation (Physical address not P.O. Box or Route Number)					
Street					
123 VARRICK AVE					
Street (Continued)					
City or Town				State	Zip Code
BROOKLYN				NY	11237-
County Code		County Name			
IV. Installation Mailing Address (See Instructions)					
Street or P.O. Box					
123 VARRICK AVE					
City or Town				State	Zip Code
BROOKLYN				NY	11237-
V. Installation Contact (Person to be contacted regarding waste activities at site)					
Name (Last)			(First)		
VALENTI			ANTHONY		
Job Title			Phone Number (Area Code and Number)		
EQU, P MGR			718-533-5279		
VI. Installation Contact Address (See Instructions)					
A. Contact Address Location		B. Street or P.O. Box			
<input type="checkbox"/>		123 VARRICK AVE			
City or Town		State	Zip Code		
BROOKLYN		NY	11237-		
VII. Ownership (See Instructions)					
A. Name of Installation's Legal Owner					
WASTE MGMT					
Street, P.O. Box, or Route Number					
123 VARRICK AVE					
City or Town				State	Zip Code
BROOKLYN				NY	11237-
Phone Number (Area Code and Number)		B. Land Type	C. Owner Type	D. Change of Owner Indicator	
718-386-7900		<input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				(Date Changed) Month Day Year	

Kin Sanyal JH

5/8/91 - 90811-2 change (owner)
Call Kim Sanyal (718) 429-0657
USPO EXP

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)

2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic ☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D006 D018 D027 D008

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 D039	2 D040	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

George City

Name and Official Title (Type or print)

M. R. R.

Date Signed

3-9-98

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/09/96

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD982744815

FACILITY NAME -> W M OF NY INC DBA WASTE MGMT OF NY

MAILING ADDRESS -> 123 VARICK AVE
BROOKLYN, NY 11237

INSTALLATION ADDRESS -> 123 VARICK AVE
BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: CUCINOTTA, ANTHONY
DIRECTOR COMPL
W M OF NY INC DBA WASTE MGMT OF NY
123 VARICK AVE
BROOKLYN, NY 11237

Please print or type with ELITE

To avoid delays in processing, please complete all sections.
Only original signature of the Generator is acceptable.

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NY 11237 123 VARICK AVENUE

II. Name of Installation (Include company and specific site name)

WM OF NEW YORK INC IN CDBA WASTE MANAGEMENT

III. Location of Installation Requires Building Number or Latitude and Longitude for processing.

Street

123 VARICK AVENUE

Street (Continued)

City or Town

BROOKLYN

State

Zip Code

NY 11237

COUNTY CODE

County Name

047 KINGS

IV. Installation Mailing Address

Street or P.O. Box

- SAME

123 VARICK AVENUE

City or Town

BROOKLYN

State

Zip Code

NY 11237

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

CUCINOTTA

(First)

ANTHONY

Job Title

DIRECTOR COMPLIANCE

Phone Number (Area Code and Number)

718-386-7900

VI. Installation Contact Address

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership PROPERTY

A. Name of Installation's Legal Owner

SEE NOTE

WM OF NEW YORK INC

Street, P.O. Box, or Route Number

123 VARICK AVENUE

City or Town

BROOKLYN

State

Zip Code

NY 11237

Phone Number (Area Code and Number)

718-386-7900

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month Day Year

From: Jack Hoyt, AMMD, EPA, Region 2, 290 Broadway, 22 Fl.
New York, NY 10007-1866. Tel: (212) 637 4106

PROPERTY LEASED THRU THE NYC INDUSTRIAL DEVELOPMENT AGENCY
BUT BENEFICIALLY OWNED BY COMPANY LISTED IN VII

they brought all out per Anthony 12/96 1:00 PM
Call

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)

- a. Greater than 1000kg/mo (2,200 lbs.)
b. 100 to 1000 kg/mo (200-2,200 lbs.)
c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- a. For own waste only
b. For commercial purposes

Mode of Transportation

1. Air
2. Rail
3. Highway
4. Water
5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- a. Generator Marketing to Burner
b. Other Marketers
c. Boiler and/or Industrial Furnace

1. Smelter Deferral
2. Small Quantity Exemption
Indicate Type of Combustion Device(s)

1. Utility Boiler
2. Industrial Boiler
3. Industrial Furnace

5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- a. Utility Boiler
b. Industrial Boiler
c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- a. Transporter
b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- a. Process
b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: ORIGINAL Name and Official Title (Type or print): ANTHONY J. LUCINETTA, COMPLAINTS Date Signed: 11/25/96

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

08/22/89

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NYD982744815
FACILITY NAME ->	ALLIED SANITATION CORP
MAILING ADDRESS ->	123 VARICK AVE BROOKLYN, NY 11237
INSTALLATION ADDRESS ->	123 VARICK AVE BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: ROBERT LOMANGINO
ALLIED SANITATION CORP
123 VARICK AVE
BROOKLYN, NY 11237

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).



For Official Use Only

[illegible][illegible]

ALLIED SANITATION CORP

[illegible][illegible][illegible]

C	B	B	O	R	I	Y	A													N	Y	1	1	2	3	7
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	---	---	---	---	---	---	---

Name and Title (last, first, and job title)																										
C	R	O	B	E	R	T	L	O	M	A	N	G	I	N	O	Foreman	7	1	8	7	7	9	4	6	5	0

C	L	E	O	L	O	M	A	N	G	I	N	O							S	I	N	C
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	---	---	---	---

☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

☐ A. Air ☐ B. Rail ☒ C. Highway ☐ D. Water ☐ E. Other (specify) _____

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

X. Description of Hazardous Wastes *(continued from front)*

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 *CFR* Parts 261.21 — 261.24)

- ☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☒ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title <i>(type or print)</i> [unclear]	Date Signed 8/4/89
----------------------	--	------------------------------

BRANCH
 04-11-89
 8-30V-60
 AGENCY REGION II
 NEW YORK

For filing notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

U.S. EPA
AGENCY FOR II

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NY D 982744815

II. Name of Installation (Include company and specific site name)

ALLIED SANITATION INC.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

123 VARICK AVENUE

Street (Continued)

City or Town

BROOKLYN

State

Zip Code

NY

11237-

County Code

County Name

BROOKLYN

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

TWIBELL

FRANK

Job Title

Phone Number (Area Code and Number)

DISPATCHER

718-386-7900

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing Other



B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

ALLIED SANITATION INC.

Street, P.O. Box, or Route Number

123 VARICK AVE

City or Town

State

Zip Code

BROOKLYN

NY

11237-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

718-386-7900

P

P

Yes

No

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)

☐ a. Greater than 1000 kg/mo (2,200 lbs.)☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

☐ a. For own waste only☒ b. For commercial purposes

Mode of Transportation

☐ 1. Air☐ 2. Rail☒ 3. Highway☐ 4. Water☐ 5. Other - specify☐ 5. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

☐ a. Generator Marketing to Burner☐ b. Other Marketers☐ c. Boiler and/or Industrial Furnace☐ 1. Smelter/Refinery☐ 2. Small Quantity Exemption

Indicate Type of Combustion

☐ 1. Utility Boiler☐ 2. Industrial Boiler☐ 3. Industrial Furnace☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

☒ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

☐ a. Utility Boiler☐ b. Industrial Boiler☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

☐ a. Transporter☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

☐ a. Process☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☐

2. Corrosive (D002)

☐

3. Reactive (D003)

☐

4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☐☐☐☐☐☐☐☐☐☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an LD number; See Instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Frank Twibell

Name and Official Title (Type or print)

FRANK TWIBELL

Date Signed

12/28/94

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/09/95

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NYD982744815

FACILITY NAME ->

ALLIED SANITATION INC

MAILING ADDRESS ->

123 VARICK AVE
BROOKLYN, NY 11237

INSTALLATION ADDRESS ->

123 VARICK AVE
BROOKLYN, NY 11237

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: TWIBELL, FRANK
DISPATCHER
ALLIED SANITATION INC
123 VARICK AVE
BROOKLYN, NY 11237